

2 Treatment Dosage

Treatment dosage, which is often referenced in the treatment literature as “intensity,” will vary with each client and should reflect the goals of treatment, specific client needs, and response to treatment. Treatment dosage should be considered in two distinct categories: intensity and duration.

Intensity

Intensity is typically measured in terms of number of hours per week of direct treatment. Intensity often determines whether the treatment falls into the category of either Focused or Comprehensive.

Focused ABA Treatment

Focused ABA generally ranges from **10-25 hours per week** of direct treatment (plus direct and indirect supervision and caregiver training). However, certain programs for severe destructive behavior **may require more than 25 hours per week** of direct therapy (for example, day treatment or inpatient program for severe self-injurious behavior).

Comprehensive ABA Treatment

Treatment often involves an intensity level of **30-40 hours of 1:1 direct treatment to the client per week**, not including caregiver training, supervision, and other needed services. However, very young children may start with a few hours of therapy per day with the goal of increasing the intensity of therapy as their ability to tolerate and participate permits. Treatment hours are subsequently increased or decreased based on the client’s response to treatment and current needs. Hours may be increased to more efficiently reach treatment goals. Decreases in hours of therapy per week typically occur when a client has met a majority of the treatment goals and is moving toward discharge.

Although the recommended number of hours of therapy may seem high, this is based on research findings regarding the intensity required to produce good outcomes. It should also be noted that time spent away from therapy may result in the individual falling further behind typical developmental trajectories. Such delays will likely result in increased costs and greater dependence on more intensive services across their life span.

Duration

Treatment duration is effectively managed by evaluating the client’s response to treatment. This evaluation can be conducted prior to the conclusion of an authorization period. Some individuals will continue to demonstrate medical necessity and require continued treatment across multiple authorization periods. See Section 8 for information on discharge planning.





SECTION 5: TIERED SERVICE-DELIVERY MODELS AND BEHAVIOR TECHNICIANS

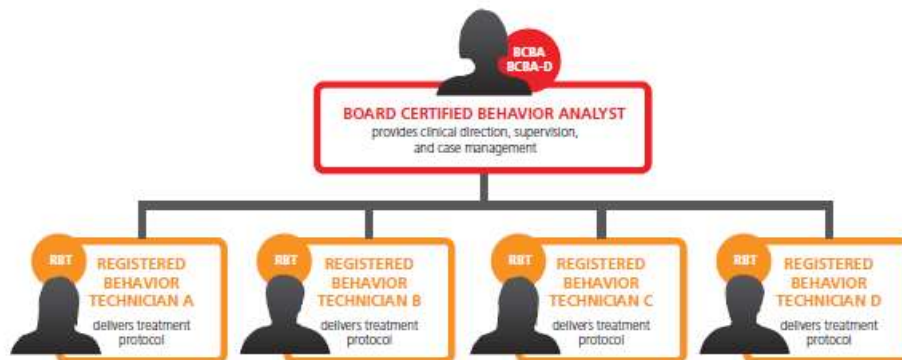
Most ABA treatment programs involve a tiered service-delivery model in which the Behavior Analyst designs and supervises a treatment program delivered by Assistant Behavior Analysts and Behavior Technicians.

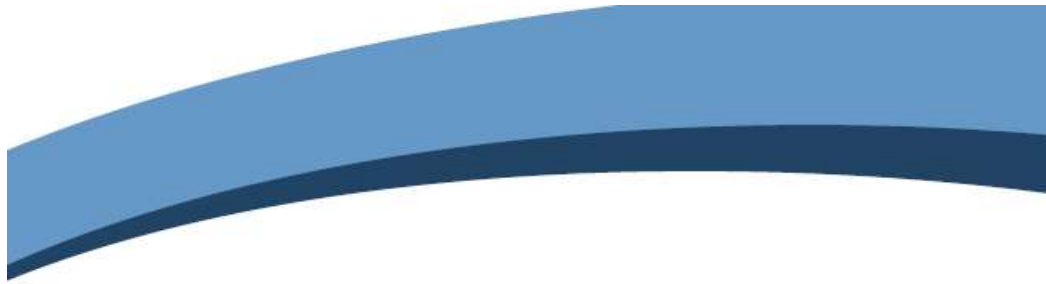
1 Description of a Tiered Service-Delivery Model

Behavior Analyst's clinical, supervisory, and case management activities are often supported by other staff such as Assistant Behavior Analysts working within the scope of their training, practice, and competence.

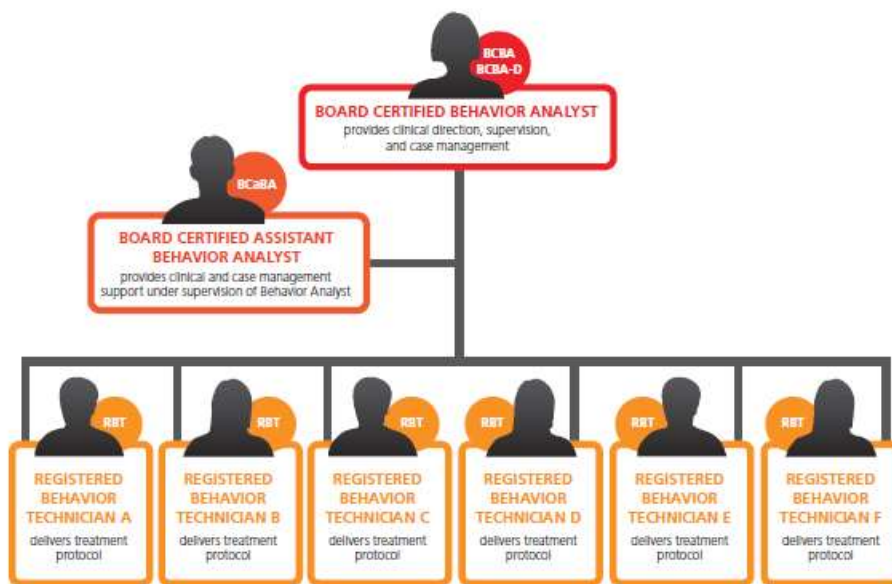
Following are two examples of tiered service-delivery models (among others), an organizational approach to treatment delivery considered cost-effective in delivering desired outcomes.

In the first example (below), the Behavior Analyst oversees a treatment team of Behavior Technicians.





In the second example (below), the Behavior Analyst is supported by an Assistant Behavior Analyst; the two of them jointly oversee a treatment team of Behavior Technicians.



Such models assume the following:

1. The BCBA or BCBA-D is responsible for all aspects of clinical direction, supervision, and case management, including activities of the support staff (for example, a BCaBA) and Behavior Technicians.
2. The BCBA or BCBA-D must have knowledge of each member of the treatment team's ability to effectively carry out clinical activities before assigning them.
3. The BCBA and BCBA-D must be familiar with the client's needs and treatment plan and regularly observe the Behavior Technician implementing the plan, regardless of whether or not there is clinical support provided by a BCaBA.



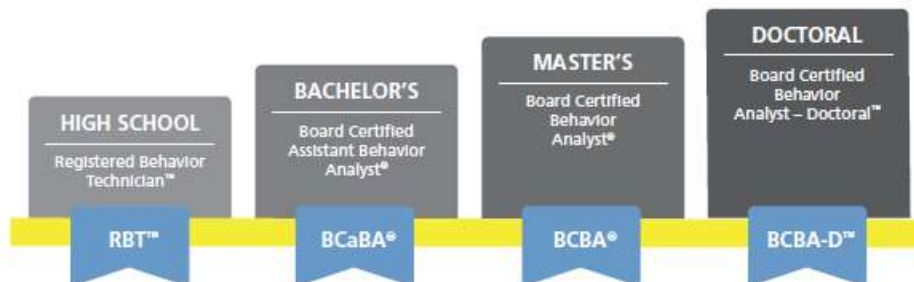
The Behavior Analyst Certification Board

The BACB is a nonprofit 501(c)(3) corporation established to meet professional credentialing needs identified by Behavior Analysts, governments, and consumers of behavior analysis services. The mission of the BACB is to protect consumers of behavior analysis services worldwide by systematically establishing, promoting, and disseminating professional standards. The BACB has established uniform content, standards, and criteria for the credentialing process that are designed to meet:

- The legal standards established through state, national, and case law;
- The accepted standards for certification programs; and
- The “best practice” and ethical standards of the behavior analysis profession.

The BCBA and BCaBA certification programs are currently accredited by the National Commission for Certifying Agencies (NCCA), the accreditation arm of the Institute for Credentialing Excellence. NCCA reviews and oversees all aspects related to ensuring the development and application of appropriate credentialing processes.

The BACB credentials and recognizes practitioners at four levels:



Practitioners credentialed at the BCBA-D and BCBA levels are defined as Behavior Analysts. The BACB requires that BCaBAs, or Assistant Behavior Analysts, work under the supervision of a BCBA-D or BCBA. RBTs must work under the supervision of a BCBA-D, BCBA, or BCaBA. Note: requirements for the RBT credential are described in Section 5 (Tiered Service-Delivery Models and Behavior Technicians).

